

CERTIFICATION REQUEST FORM

Please submit check or money order payable to the **TREASURER OF VIRGINIA.**

Document fees are \$25.00 for up to 3 copies of a certification and \$5.00 for each additional copy.

Architects	<input type="checkbox"/>	Interior Designers	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	Land Surveyors/Land Surveyors-in-Training	<input type="checkbox"/>
Auctioneers	<input type="checkbox"/>	Landscape Architects	<input type="checkbox"/>
Barbers	<input type="checkbox"/>	Lead	<input type="checkbox"/>
Branch Pilots	<input type="checkbox"/>	Opticians	<input type="checkbox"/>
Cemetery Companies	<input type="checkbox"/>	Polygraph Examiners	<input type="checkbox"/>
Cemetery Sales Personnel	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	Real Estate Appraisers	<input type="checkbox"/>
Contractors-Tradesman	<input type="checkbox"/>	Soil Scientists	<input type="checkbox"/>
Cosmetology	<input type="checkbox"/>	Waste Management Facility Operators	<input type="checkbox"/>
Professional Engineers/Engineers-in-Training	<input type="checkbox"/>	Wastewater Works Operators	<input type="checkbox"/>
Geologists	<input type="checkbox"/>	Waterworks Operators	<input type="checkbox"/>
Hearing Aid Specialists	<input type="checkbox"/>		

1. How many copies are you requesting? _____ Are you providing a form? Yes ☐ No ☐ If no, the certification will be prepared on a DPOR form.

2. Legal Name _____
First Middle Last Generation (SR, JR, III)

3. Prior Name(s) _____
First Middle Last Generation (SR, JR, III)

First Middle Last Generation (SR, JR, III)

4. Professional Name (if applicable) _____
Enter any professional name used along with the legal name entered in #2.

5. Social Security Number - -

6. Mailing Address _____
City, State, Zip Code _____

7. Daytime telephone number () - _____
Telephone

8. List all current or expired license numbers:

(List all you hold within each profession/occupation)

9. Additional information that would be of assistance in researching your licensing record(s).

10. Special instructions (including mailing instructions if address is different from that listed above).

Signature _____ Date _____